

PART B - FEE(S) TRANSMITTAL

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23413 7590 05/27/2008

CANTOR COLBURN, LLP
 20 Church Street
 22nd Floor
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Linda C. Gould (Depositor's name)
[Signature] (Signature)
August 20, 2008 (Date)

08/21/2008 WABDEL3 00000016 061130 10722847

01 FC:1501 1440.00 DA
 02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/722,847	11/26/2003	Pascal Salazar-Ferrer	14XZ130600	6549

TITLE OF INVENTION: DEVICE FOR MANIPULATING IMAGES, ASSEMBLY COMPRISING SUCH A DEVICE AND INSTALLATION FOR VIEWING IMAGES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	08/27/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGUYEN, JENNIFER T		2629	345-156000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE MEDICAL SYSTEMS GLOBAL TECHNOLOGY COMPANY, LLC

Waukesha, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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☐ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature [Signature]
 Typed or printed name Philmore H. Colburn II

Date August 20, 2008
 Registration No. 35,101

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Hartford, CT 06103
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FACSIMILE TRANSMITTAL SHEET

DATE: August 20, 2008

TO: ISSUE FEE

COMPANY: U.S. PATENT AND TRADEMARK OFFICE

FAX NO.: (571) 273-2885

TEL. NO.: _____

FROM: Linda C. Gould (Cantor Colburn LLP)

OUR REF: GEM-0104

YOUR REF: USSN 10/722,847

TOTAL NUMBER OF PAGES SENT 3
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Please find enclosed the Base Issue Fee and Publication Fee Transmittal Form for U.S. Serial No. 10/722,847. Also, find enclosed a 'FEE ADDRESS' INDICATION FORM (1page). Please charge the Issue fee and Publication Fee to Deposit Account 06-1130 (\$1,740).
Thank you,
CANTOR COLBURN LLP

If there are any problems with this transmission,
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